

RFP-4-79:
ATTACHMENT J: Reference Forms

EMPLOYEE QUALIFICATIONS REFERENCE QUESTIONNAIRE

Bidder Information

Reference Information

Bidder _____

Employee Name: _____

Employee Title: _____

Corporation/ Company: _____

Contact _____

Person: _____

Telephone Number: _____

E-mail Address: _____
(optional)

1. What services did this employee perform for your agency?

2. When did this individual perform that service?

Ratings: Please answer the following questions using this rating scale and explaining your rating in the comments section.

1- Poor 2- Below Average 3- Average 4-Above Average 5- Superior N/A Not applicable to this contract

3. Rate your overall opinion of the individual.

Rating: 1 2 3 4 5 N/A

Comments:

4. How would you rate the individual's management skills?

Rating: 1 2 3 4 5 N/A

Comments:

5. How would you rate the individual's organizational skills?

Rating: 1 2 3 4 5 N/A

Comments:

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Ratings: Please answer the following questions using this rating scale and explaining your rating in the comments section.

1- Poor 2- Below Average 3- Average 4-Above Average 5- Superior N/A Not applicable to this contract

6. How would you rate the individual's technical competency to initiate a large-scale project and handle the development effort?

Rating: 1 2 3 4 5 N/A

Comments:

7. How well did the individual work with the staff of your agency? (Did he/she maintain open lines of communication? Were he/she responsive to technical direction?)

Rating: 1 2 3 4 5 N/A

Comments:

8. How would you rate the individual's competency in the following areas:

Health care economics

Rating: 1 2 3 4 5 N/A

Health care research

Rating: 1 2 3 4 5 N/A

Medicaid managed care

Rating: 1 2 3 4 5 N/A

Managed care finance

Rating: 1 2 3 4 5 N/A

Medicaid HEDIS studies

Rating: 1 2 3 4 5 N/A

Shadow/encounter claims data analysis

Rating: 1 2 3 4 5 N/A

Quality studies

Rating: 1 2 3 4 5 N/A

Comments:

9. How would you rate the individual's problem identification and resolution skills?

Rating: 1 2 3 4 5 N/A

Comments:

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Ratings: Please answer the following questions using this rating scale and explaining your rating in the comments section.

1- Poor 2- Below Average 3- Average 4-Above Average 5- Superior N/A Not applicable to this contract

10. Please rate the individual's customer service skills? (With providers, member, managed care entities, and other agencies with which your organization contracts)	Rating:	1	2	3	4	5	N/A
Comments:							
11. How would you rate the timeliness, completeness and quality of the projects completed by this individual?	Rating:	1	2	3	4	5	N/A
Comments:							
12. What are the individual's areas of strength?							
13. What are the individual's areas of weakness?							
14. Would you hire the individual to work for you?	Rating:	YES			NO		
Comments:							

Evaluator Name: _____

Signature: _____

Position: _____

Date: _____